PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

Encouve Cotober 1, 2001								1	101		-1 .	
			S FILED - PART (Column 1)		(Column 2)		SMAL TYPE	SMALL ENTITY TYPE			OTHER SMALL	THAN ENTITY
TOTAL CLAIMS							RAT	E	FÉE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X\$:	9=		OR	X\$18=	- 4
INDEPENDENT CLAIMS			minus 3 =		*		X42) <u> </u>		1	\	
MULTIPLE DEPENDENT CLAIM P			RESENT		-			-		OR		
* If the difference in column 1 is			less than z	ero, entei	"0" in column 2		+140			OR		
CLAIMS AS AMENDE							TOT	AL		OR		
SAME (Column 1)			HINEINDEL	Colur)			SMALL ENTITY			OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 3	Minus	** 3	31	=	X\$ 9)=		OR	X\$18=	
	Independent	* 8	Minus	***	8	= /	X42	=		OR	X84=	
	FIRST PRESE	ENTATION OF M	IULTIPLE DE	PENDENI	CLAIM	<u> </u>	+140)=		OR	+280=	
•							TO	TAL	**		TOTAL	
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT. I	EE [1011	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA	RAT	E.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	_		OR	X\$18=	
	Independent	*	Minus	***		=	X42:	=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		+140				+280=	
							10	-		OR	TOTAL	
		(Column 1)		/C al	O	(Cal	ADDIT. F	EE L		OR	ADDIT. FEE	L
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	35.10	=	X\$ 9	<u> </u>		OR	X\$18=	<u> </u>
	Independent	*	Minus	***		=	X42=				X84=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		A42=	+		OR	∧84= 	
* :	f the entry is solo	ma 1 is loss than th	no ontre in activ	ıma O viilit-	"O" in a-1	lumo 2	+140:			OR	+280=	
** 1	r ure enury in colui f the "Highest Nor	mn 1 is less than the	ie entry in colu aid Eor" in Tui	IIIIII Z, WITE S SDACE :-	U III COI	iuiiiii J. n 20. ontor "20."	TOT	AL		ΩP	TOTAL	

***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.